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PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

|                        |                   |
|------------------------|-------------------|
| Attorney Docket Number | LIT-PI-355        |
| First Named Inventor   | David A. Atkinson |
| COMPLETE IF KNOWN      |                   |
| Application Number     | /                 |
| Filing Date            |                   |
| Group Art Unit         |                   |
| Examiner Name          |                   |

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SIMULTANEOUS VAPORIZATION AND IONIZATION SPECTROMETRY SOURCE, AND ACCOMPANYING SPECTROMETER; METHOD FOR SIMULTANEOUS VAPORIZATION AND IONIZATION OF SAMPLE PARTICULATE TO PRODUCE ANALYTE IONS**

the specification of which

(Title of the Invention)

is attached hereto

OR

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed     | Certified Copy Attached?                          |
|-------------------------------------|---------|----------------------------------|--------------------------|---------------------------------------------------|
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) |                                                                                                                                                  |
|-----------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
|                       |                          | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |

[Page 1 of 2]

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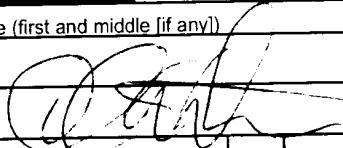
## DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

| U.S. Parent Application or PCT Parent Number                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Parent Filing Date (MM/DD/YYYY) | Parent Patent Number (if applicable) |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--------------------------------------|---------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                      |                     |
| <input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.                                                                                                                                                                                                                                                                                                                                        |                                 |                                      |                     |
| As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input type="checkbox"/> Customer Number <input type="text"/> <span style="margin-left: 20px;"> <input type="checkbox"/> Place Customer Number Bar Code Label here           </span><br><b><input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below</b> |                                 |                                      |                     |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Registration Number             | Name                                 | Registration Number |
| Alan D. Kirsch<br>Stephen R. Christian                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 33,720<br>32,687                |                                      |                     |

|                                                                                                                                                                 |                         |           |               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------|---------------|
| <input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.      |                         |           |               |
| Direct all correspondence to: <input type="checkbox"/> Customer Number <input type="text"/> OR <input checked="" type="checkbox"/> Correspondence address below |                         |           |               |
| Name                                                                                                                                                            | Alan D. Kirsch          |           |               |
| Address                                                                                                                                                         | Bechtel BWXT Idaho, LLC |           |               |
| Address                                                                                                                                                         | P. O. Box 1625          |           |               |
| City                                                                                                                                                            | Idaho Falls             | State     | ID 83415-3899 |
| Country                                                                                                                                                         | US                      | Telephone | 208-526-1371  |
|                                                                                                                                                                 |                         | Fax       | 208-526-8339  |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

|                                                                                                                                                                  |                                                                                     |                                                                               |    |         |       |             |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----|---------|-------|-------------|---------------------|
| Name of Sole or First Inventor:                                                                                                                                  |                                                                                     | <input type="checkbox"/> A petition has been filed for this unsigned inventor |    |         |       |             |                     |
| Given Name (first and middle [if any])                                                                                                                           |                                                                                     | Family Name or Surname                                                        |    |         |       |             |                     |
| David A.                                                                                                                                                         |                                                                                     | Atkinson                                                                      |    |         |       |             |                     |
| Inventor's Signature                                                                                                                                             |  |                                                                               |    |         |       |             | Date <u>4/13/01</u> |
| Residence: City                                                                                                                                                  | Idaho Falls                                                                         | State                                                                         | ID | Country | US    | Citizenship | US                  |
| Post Office Address                                                                                                                                              | 765 S. Adam Lane                                                                    |                                                                               |    |         |       |             |                     |
| Post Office Address                                                                                                                                              |                                                                                     |                                                                               |    |         |       |             |                     |
| City                                                                                                                                                             | Idaho Falls                                                                         | State                                                                         | ID | ZIP     | 83401 | Country     | US                  |
| <input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto |                                                                                     |                                                                               |    |         |       |             |                     |

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| <b>DECLARATION</b> |  | <b>ADDITIONAL INVENTOR(S)</b><br><b>Supplemental Sheet</b><br>Page <u>1</u> of <u>1</u> |
|--------------------|--|-----------------------------------------------------------------------------------------|

|                                                   |                       |                                                                               |    |         |       |             |      |
|---------------------------------------------------|-----------------------|-------------------------------------------------------------------------------|----|---------|-------|-------------|------|
| <b>Name of Additional Joint Inventor, if any:</b> |                       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |    |         |       |             |      |
| Given Name (first and middle [if any])            |                       | Family Name or Surname                                                        |    |         |       |             |      |
| Paul                                              |                       | Mottishaw                                                                     |    |         |       |             |      |
| Inventor's Signature                              | <i>Paul Mottishaw</i> |                                                                               |    |         |       |             | Date |
| Residence: City                                   | Chubbuck              | State                                                                         | ID | Country | US    | Citizenship | US   |
| Post Office Address                               | 5130 Whitaker Road    |                                                                               |    |         |       |             |      |
| Post Office Address                               |                       |                                                                               |    |         |       |             |      |
| City                                              | Chubbuck              | State                                                                         | ID | ZIP     | 83202 | Country     | US   |
| <b>Name of Additional Joint Inventor, if any:</b> |                       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |    |         |       |             |      |
| Given Name (first and middle [if any])            |                       | Family Name or Surname                                                        |    |         |       |             |      |
|                                                   |                       |                                                                               |    |         |       |             |      |
| Inventor's Signature                              |                       |                                                                               |    |         |       |             | Date |
| Residence: City                                   |                       | State                                                                         |    | Country | US    | Citizenship | US   |
| Post Office Address                               |                       |                                                                               |    |         |       |             |      |
| Post Office Address                               |                       |                                                                               |    |         |       |             |      |
| City                                              |                       | State                                                                         |    | ZIP     |       | Country     | US   |
| <b>Name of Additional Joint Inventor, if any:</b> |                       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |    |         |       |             |      |
| Given Name (first and middle [if any])            |                       | Family Name or Surname                                                        |    |         |       |             |      |
|                                                   |                       |                                                                               |    |         |       |             |      |
| Inventor's Signature                              |                       |                                                                               |    |         |       |             | Date |
| Residence: City                                   |                       | State                                                                         |    | Country | US    | Citizenship | US   |
| Post Office Address                               |                       |                                                                               |    |         |       |             |      |
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